

<b>REQUEST FOR EXTENSION FORM</b> Form Code: PSS_ER <b>Application Fee - None</b>	<b>COMMONWEALTH OF VIRGINIA</b> <b>Department of Criminal Justice Services</b> <b>Private Security Services Section</b> <b>P.O. Box 10110, Richmond, VA 23240-9998</b> <b>Phone #: (804) 786-4700; Fax #: (804) 786-6344</b> <b>Website: <a href="http://www.dcjs.org/privatesecurity">www.dcjs.org/privatesecurity</a></b> <b>Status Hotline: (804) 786-1132 or 1-877-9STATUS</b>
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**6VAC20-171-190 of the Regulations Related to Private Security Services:**

*An extension of the time period to meet renewal requirements may be approved only under specific circumstances which do not allow private security personnel, business, or training schools to complete the required procedures within the prescribed time period. The following are the only circumstances for which extensions may be granted: 1.) extended illness; 2.) extended injury; 3.) Military or foreign service; or 4.) emergency temporary assignment*

1. Applicant Name: \_\_\_\_\_  
Last Name
First Name
MI

2. Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yy

3. Mailing Address: \_\_\_\_\_  
Number and Street
City/Town
State
Zip

4. Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

5. May the Department provide information via an e-mail address? ☐ Yes ☐ No

6. E-Mail Address: \_\_\_\_\_

7. Category Requested: (Check one only)

☐ Individual

☐ Business Name: \_\_\_\_\_ DCJS ID 11-\_\_\_\_\_

☐ Training School Name: \_\_\_\_\_ DCJS ID 88-\_\_\_\_\_

8. Has the license, registration or certification for which you are requesting an extension already expired?

☐ Yes If Yes, this application cannot be processed.

☐ No If No, what is the expiration date? \_\_\_\_\_  
mm/dd/yy

9. What is the reason for the extension request?

10. Do you have official documentation supporting the extension request?

- ☐ Yes      If Yes, please attach a copy of military orders, physician's care notices, or other third party documentation.
- ☐ No      If No, the application cannot be processed.

11. What is the requested start date of the extension? \_\_\_\_\_  
mm/dd/yy

12. What is the projected date of return or ability to be in compliance? \_\_\_\_\_  
mm/dd/yy

***Note: additional extensions may be approved upon written request.***

13. What are the requirements that the school, business, or individual is unable to fulfill until the extension is over? (training classes, etc.)

14. Do you understand that pursuant to 6 VAC 20-171-190, the individual, business, or training school is to be nonoperational during the period of extension?    ☐ Yes    ☐ No

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I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy